

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10049695 PILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 44 | | | | | |
| TOTAL CLAIMS | 51 | | | | | |

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| TOTAL IND. | | | |
| TOTAL DEP. | | | |
| TOTAL CLAIMS | | | |

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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